

# TB CARE I

# TB CARE I - CAR Tajikistan

Year 2 Quarterly Report April-June 2012

July 30, 2012

#### **Quarterly Overview**

Reporting Country	CAR-Tajikistan					
Lead Partner	KNCV					
<b>Collaborating Partners</b>						
Date Report Sent	10 July 2012					
From	Mavluda Makhmudova, TB CARE I					
То	Arman Toktabayanov, USAID, CAR					
Reporting Period	April-June 2012					

Technical Areas	% Completio
1. Universal and Early Access	33%
2. Laboratories	0%
3. Infection Control	0%
4. PMDT	100%
5. TB/HIV	100%
6. Health Systems Strengthening	0%
7. M&E, OR and Surveillance	0%

Overall work plan completion	33%
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#### **Most Significant Achievements**

TB CARE I started its activities in Tajikistan from May 2012. The following activities were completed in May-June 2012:

#### 1. The registration of the KNCV Branch office

The process of registration of the KNCV Branch office in Tajikistan was initiated in May of 2012. This process included the following steps: finalization and authorization of registration documents, selection of office premises, signing of the lease agreement with the landlord, and submitting documents to Colibri Law Firm.

The country Director was hired from June 10, 2012. She attended the PMU Workshop in Almaty, Kazakhstan on June 10-13, 2012. Participation in the Workshop helped her to better understand the main aspects of M&E approaches, financial management principles, KNCV policy and regulations. 2. National TB Program review

As TB CARE I started implementation of activities in Tajikistan, TB CARE I regional team conducted assessment mission on June 3-10, 2012. The main objective of the mission was to analyze the progress of TB control in general and penitentiary health sectors and to discuss priority directions in TB control for further planning and implementing TB activities under TB CARE I in the country.

Two project sites - Dangara, Temurmalik (recommended by NTP/MoH) were visited during the mission. Priority interventions at NTP level as well as at district level have been discussed at a round table with involvement of NTP authorities and key partners by the end of the mission.

As a result of this assessment mission, a set of recommendations was made for TB CARE I activities in Tajikistan, including on TB in prison, PMDT, TB-HIV and outpatient care.

#### Overall work plan implementation status

In the reported period, TB CARE I Country director with support of Regional director and Regional staff made necessary administrative activities (such as posting announcement of vacancies in the local newsletter, newspaper and un.tj web site) and programmatic preparations for the upcoming activities for the next quarter.

#### **Technical and administrative challenges**

Due to the Branch office is not officially registered in the country and registration documents are under the Ministry of Justice consideration it is impossible to stick to the schedule of planned activities.

MOH requested TB CARE I project to start implementation of MDR TB program in two pilots Dangara and Temurmalik, and provide training and monitoring activities in the sites. Due to the fact that the procedure of office registration is not completed, these activities impossible to conduct before the formal office registration.

#### In-country Global Fund status and update

Currently, there are two Global Fund Principal Recipients in the country: PIU UNDP (GF Round 8, the program is active till October 2013) and Project HOPE (GF Round 3 RCC). Phase 2 of RCC has just been approved for period October 2012 - September 2015).

Tajikistan has applied to Global Fund for Transitional Funding Mechanism (TFM), but the response from Global Fund has not yet been received.

Global Fund's funds are mostly directed to the procurement, storage and distribution of 1-st and 2-nd lines anti-TB drugs, purchase of laboratory equipment, consumables and reagents. There are also limited funds under GF grants allocated for carrying out monitoring and training activities.

# **Quarterly Technical Outcome Report**

Technical Area	1. Universal and Early Acces	S						
Expected	Outcome Indicators	Baseli		Targ		Result	Highlights of the Quarter	Challenges and Next Steps to
Outcomes 1.2 Increased	1.2.5.1.01/701/7.1	Data	Year	Data	Year	Y2	The activity will be acceduated in July	Reach the Target
quality of TB services delivered among all care providers (Supply)	1.2.5 [ OUTPUT ] Description: Coordination mechanism between civil and prison TB services Indicator Value: Yes/No Level: National Source: TB CARE I report Means of Verification: Joint MoH&MoJ order	no	2011	yes	2012	No	The activity will be conducted in July, 2012	Currently, the coordination between the Prison Services and general TB services is rather weak. Major gaps in the provision of services within the prison are addressed by international projects, such as UNDP and Caritas. However, these arrangements are not systemic and sustainable in nature and do not provide for sufficient country ownership.
	1.2. 6 [ OUTPUT ] Description: Medium term plan for implementation of integrated framework for TB control in prisons developed and approved Indicator Value: Yes/No Level: National Source: TB CARE report Means of Verification: Medium term plan	no	2011	yes	2012	No	The activity is cancelled, as NTP has already developed the plan under UNDP/GF (R8) project	NTP and MOH do not consider TB in prisons as a priority for TB CARE I. Our assessment reveals that while many regulatory documents have been developed and are in place, they are sometimes not enforced and do not serve to improve the continuum of quality care.
	1.2.7 [ OUTPUT ] Description: Protocol of outpatient model of care including patient support system Indicator Value: Yes/No Level: TB CARE geographical area Source: TB CARE report Means of Verification: Protocol on outpatient model of care approved by MoH/NTP	no	2011	yes	2012		Initial review of outpatient care was conducted and a set of recommendations developed during assessment mission on June 3-10.	Protocol on outpatient care needs to be revised in line with international recommendations and experiences. Customized patient support system should be integral part of the protocol. Regulatory framework for piloting outpatient models will be developed.
	1.2.8 [ OUTPUT ] Description: Analysis of legal basis on access to TB service for migrants Indicator Value: Yes/No Level: National Source: TB CARE I Means of Verification: report on analysis	no	2011	yes	2012	No	The activity is cancelled, as MoH is not considering this activity as a priority for the National TB Program	

<b>Technical Are</b>	Technical Area 2. Laboratories							
Expected	Outcome Indicators	Baseli	ine	Target		Result	Highlights of the Quarter	Challenges and Next Steps to
Outcomes		Data	Year	Data	Year	Y2		Reach the Target
2.3 Ensured	2.3.4 [ OUTPUT ]	no	2011	yes	2013		The workshop on the development of	
optimal use of nev	Description: Set up a system for						Strategy for XpertMTB/Rif	
approaches to the	Xpert MTB/Rif implementation in the						implementation will be conducted in	
laboratory	country						August, 2012	
confirmation of TB	Indicator Value: Yes/No							
and incorporation	Level: National							
in national	Source: NTP							
strategic lab plans	Means of Verification: Strategy for							
	Xpert MTB/Rif implementation in							
	Tajikistan							

<b>Technical Area</b>	echnical Area 3. Infection Control							
Expected	Outcome Indicators	Baseli	ne Tar		Target		Highlights of the Quarter	Challenges and Next Steps to
Outcomes		Data	Year	Data	Year	Y2		Reach the Target
3.2 Scaled-up	3.2.3 [ OUTPUT ]	no	2011	yes	2012		All activities related to TB-IC were	
implementation of	Description: National TB-IC plan						moved to September, 2012, per MoH	
TB-IC strategies	revised and address TB-IC activities						request	
	in prisons							
	Indicator Value: Yes/No							
	Level: National							
	Source: NTP							
	Means of Verification: TB CARE I							
	report							
3.4 Improved TB-	3.4.1 A team of trained trainers in TB	no	2011	yes	2012		All activities related to TB-IC were	
IC human	IC is available						moved to September, 2012, per MoH	
resources	Indicator Value: Yes/No						request	

Technical Area 4. PMDT								
Expected	Outcome Indicators	Baseli	ne Target		et	Result	Highlights of the Quarter	Challenges and Next Steps to
Outcomes		Data	Year	Data	Year	Y2		Reach the Target
4.1 Improved	4.1.5 [ OUTPUT ] PMDT in civil TB	no	2011	yes	2012	yes	Initial visit to assess the needs for	In order to expand MDR TB program
treatment success	service and prisons has been						MDR-TB activities was conducted on	in the pilot districts NTP requested to
of MDR	assessed						June 3-10. Two project sites in Khatlon	start MDR TB trainings for different
	Indicator Value: Yes/No						oblast: Dangara, Temurmalik	target groups (TB and PHC managers,
	Level: TB CARE I geographic areas						(recommended by NTP/MoH) were	TB doctors, PHC physicians, nurses)
	Source: TB CARE I project						visited during the mission. Priority	as soon as possible. Training activity
	Means of Verification: PMDT in						interventions for the pilots have been	on PMDT will begin in August after the
	prisons assessment report						discussed at the round table with	registration of country office.
							participation of NTP leaders and key	·
							program stakeholders by the end of	
							the mission.	

Expected	Outcome Indicators	Baseli	ne	Targ	et	Result	Highlights of the Quarter	Challenges and Next Steps to
Outcomes		Data	Year	Data	Year	Y2	5 5 11 1 1 61 11	Reach the Target
5.2 Improved	5.2.5 [ OUTPUT] TB/HIV care in civil	No	2011	Yes	2012	yes		The policy revision and update in line
diagnosis of TB/HIV co- infection	and prison sectors has been assessed in the last year. Indicator Value: Yes/No Level: TB CARE I geographic areas Source: TB CARE I project Means of Verification: TB/HIV care in prisons assessment report						3 3 1	with the latest WHO recommendations, training on clinical management of co-infection and design of OR protocol on TB/HIV prevalence will be a part of APA3 plan

Expected	6. Health Systems Strengthe	Baseli	ne.	Targ	et	Result	Highlights of the Quarter	Challenges and Next Steps to
Outcomes	Outcome indicators	Dasen	Year	Data	Year	Y2	inginights of the Quarter	Reach the Target
components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national	6.2.1 Supervisory visits conducted according to country supervisory standards Indicator Value: Percent Numerator: Number of annual supervisory visits conducted disaggregated by three levels. Denominator: Number of annual supervisory visits planned disaggregated by three levels.	N/A	2011	100% (2 out of 2 planned)			No supervisory visits were conducted this quarter	Supervisory visits by the local staff jointly with NTP were not conducted due to staff of the Branch office (Technical officer) was not hired and KNCV Branch office was not registered in the country.
delivery of these components	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	0	2011	3 people (internati onal training courses)			TB CARE I discussed the possibilities to send representatives from Tajikistan to trainings on MDR TB and TB in Children in Riga, Latvia.	Training courses was fully booked. TB CARE I will plan to send 4 Tajikistan health professionals to the trainings in Riga next quarter.

<b>Technical Area</b>	echnical Area 7. M&E, OR and Surveillance												
Expected	Outcome Indicators	Baseli	Baseline		Target		Highlights of the Quarter	Challenges and Next Steps to					
Outcomes		Data	Year	Data	Year	Y2		Reach the Target					
TB surveillance	7.1.1 An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels Indicator Value: Yes/No	No	2011	Yes	2013		·	TB CARE I M&E Officer will visit Tajikistan next quarter for an assessment visit					

# **Quarterly Activity Plan Report**

1. Univers	1. Universal and Early Access					Planne Complet		
Outcome	Activit y #	Activity	_		Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up- to-date
1.2 Increased quality of TB	1.2.1	Project Launch	KNCV	6.010	<b>0</b> %	September		Project Launch will be conducted in September of 2012, following TB CARE I registration
services delivered among all care providers (Supply)		Assessment mission on TB control in prisons	KNCV	3.390	100%	June		Review of TB control in prison was part of assessment mission of TB CARE I in TJ, conducted by Regional specialist. Meeting with prison authorities and key partners (Caritas Luxemburg, GFATM) was conducted to discuss existing practices and needs to strengthen TB
	1.2.3	Coordination mechanism between prison and civil TB services	KNCV	3.210		July		This activity will be conducted next quarter
	1.2.4	Medium term plan for implementation of integrated framework for TB control in prisons	KNCV	14.100	<b>0</b> %			This activity is canceled, as the Medium term plan was developed under UNDP/GF project
	1.2.5	Analysis of site capacities and needs for piloting outpatient model of care	KNCV	3.370	100%	June		Initial review of outpatient care was conducted by Regional specialist and a set of recommendations developed during assessment mission on June 3-10, 2012.
	1.2.6	Round table for the National TWG on TB in migrants	KNCV	8.030	<b>0</b> %			This activity is canceled, as it is not a priority for MoH/NTP, the funds will be reprogrammed to the new planned activities (3 PMDT trainings for two pilot sites: Dangara and Temurmalik)
					33%			

2. Laboratories						Plann Comple		
Outcome	Activit y #	Activity	_	Approve d Budget	<b>Cumulative Completion</b>	Month	Year	Cumulative Progress and Deliverables up- to-date
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans		Support of Technical working group on Xpert MTB/Rif implementation	KNCV	3.180		August	2012	TB CARE I staff started preparations for the workshop on the development of national GeneXpert strategy to be held in August of 2012
					0%			

3. Infection	3. Infection Control					Planne Comple		
Outcome	Activit	Activity		Approve		Month	Year	Cumulative Progress and Deliverables up-
	y #		Leader		Completion			to-date
3.2 Scaled-up implementation of TB-IC		Assessment mission on TB-IC in civil and prison TB facilities	KNCV	12.967	0%	September		The assessment mission on TB-IC in civil and prison TB facilities is planning for the next quarter (September, 2012)
strategies		Revision/development of National TB-IC plan address TB-IC in prisons	KNCV	8.220	0%	September	2012	The activity is planning for the next quarter (September, 2012)
Outcome	Activit	Activity	Activity	Approve	Cumulative	Month	Year	Cumulative Progress and Deliverables up-
	y #	•	Leader	d Budget	Completion			to-date
3.4 Improved TB-IC human resources	3.4.1	Training of trainers on TB-IC	KNCV	26.712	0%	September	2012	The activity is planning for the next quarter
					0%			

4. PMDT Planned Completion Activity Activity Approve Cumulative Month Year | Cumulative Progress and Deliverables up-Outcome Activit Leader d Budget Completion to-date y # **14.607** 100% 4.1 Improved **4.1.1** PMDT assessment in civil and prison sectors June 2012 PMDT needs assessment in civil and prison KNCV sectors was a part of the initial mission of TB treatment success of CARE RO staff in TJ. Two project sites in MDR Khatlon oblast (Dangara and Temurmalik) were recommended by NTP/MoH and were visited during the mission. Priorities for start piloting MDR TB in the project sites have been discussed and determined during the mission. 100%

5. TB/HIV						Planned Completion		
Outcome	Activit	Activity	Activity	Approve	Cumulative	Month	Year	Cumulative Progress and Deliverables up-
	y #		Leader	d Budget	Completion			to-date
5.2 Improved diagnosis of TB/HIV co- infection		Assessment of TB/HIV care in civil and prison sectors	KNCV	2.927	100%	June		Analysis of TB/HIV care in civil and prison sectors was a part of initial visit of RO staff in TJ. Key accomplishments, weaknesses and priorities in TB-HIV program have been discussed and identified during the mission.
					<b>100%</b>		·	

6. Health	Health Systems Strengthening					Plann Comple		
Outcome	Activit y #	Activity	_	Approve d Budget	<b>Cumulative Completion</b>	Month	Year	Cumulative Progress and Deliverables up- to-date
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E)	6.2.1	Supervisory visits on TB control in prisons	KNCV	6.120	0%			Supervisory visits on TB control in prison will be conducted as soon as local staff (Technical officer) will be hired and KNCV Branch office will be registered in the country.
formed integral part of national plans, strategies and service delivery of these	6.2.2	Strengthening local capacities	KNCV	32.910	0%			TB CARE I discussed the possibilities to send representatives from Tajikistan to trainings on MDR TB and TB in Children in Riga. Training courses were fully booked. The process of getting visa and travel arrangements will be started next quarter.

7. M&E, O	7. M&E, OR and Surveillance					Planned Completion		
Outcome	Activit y #	Activity	_		<b>Cumulative Completion</b>	Month	Year	Cumulative Progress and Deliverables upto-date
7.1 Strengthened TB surveillance		Assessment mission on TB surveillance system in prisons	KNCV	23.705	0%			This activity is planned for the next quarter.
					0%			

# **Quarterly MDR-TB Report**

Country CAR-Tajikistan Period April-June 2012
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### MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on		
Jan-Dec 2010		245		
Jan-Sep 2011		179		
Oct-Dec 2011		201		
Total 2011	0	380		
Jan-Mar 2012		108		
Apr-Jun 2012		167		
To date in 2012	0	275		

#### **Quarterly GeneXpert Report**

Add an additional row for every procurement order of cartridges

Table 1: TB CARE I-funded GeneXpert instruments and cartridges procured or planned by quarter

	-	Procured	# still planned	Month, Year		
	Jan-Dec 2011	Jan-Jun 2012	<b>Cumulative Total</b>	for procurement in APA 2	procurement planned (i.e. July 2012)	
# GeneXpert Instruments			0			
# Cartridges			0			

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Partner/ Implementing Organization; Additional Comments
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

<sup>&</sup>lt;sup>1</sup> Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Comments
	1				
	2				
	3				
	4				
	5				
*There are 10 carti	ridges per kit, but v	we need the total	# of cartridges (not	kits)	

Any additional information/clarifications to the above (optional)
Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

**Quarterly Photos (as well as tables, charts and other relevant materials)** 

#### **Inventory List of Equipment - TB CARE I**





Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Conditio n (7)	Disposition date (8)	Title held by (9)	Insurance Policy

<sup>(1)</sup> Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others

Year:

<sup>(2)</sup> Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)

<sup>(3)</sup> Date of invoice

<sup>(4)</sup> Total price including any sales tax paid. Use currency on invoice

<sup>(5)</sup> Note any sales tax charged

<sup>(6)</sup> Address

<sup>(8)+(9)</sup> Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value. where a recipient compensated TB CARE I for its share. Attach supplementary info